



Application No. 09/824,765
Amendment dated December 2, 2003
Reply to Office Action of October 2, 2003

Application No.: 09/824,765
Applicant: Mary Dykstra Havlicek, et al.
Filed: April 4, 2001
Title: METHOD OF PRECONDITIONING A RESIN FOR
HYDROGEN PEROXIDE PURIFICATION, RESIN
PREPARED THEREFROM AND METHOD OF
PURIFYING HYDROGEN PEROXIDE
TC/A.U.: 1754
Examiner: Wayne A. Langel
Docket Number: Serie 5358

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of October 2, 2003, please amend the application as follows:

No Amendments to the Specification at this time.

Amendments to the Claims are reflected in the listings of claims, which begin on page 2 of this paper.

No Amendments to the Drawings at this time.

Remarks begin on page 6 of this paper.

In re application of: Mary Dykstra Havlicek, et al

Serial No: 09/824,765

Filed: April 4, 2001

For: METHOD OF PRECONDITIONING A RESIN FOR HYDROGEN PEROXIDE
PURIFICATION, RESIN PREPARED THEREFROM AND METHOD OF PURIFYING
HYDROGEN PEROXIDE

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA CLAIMS	RATE	ADDIT. FEE		RATE	ADDIT. FEE
TOTAL	* 21	MINUS	** 24	= 0	x 9 =	\$		x 18 =	\$ 0
INDEP.	* 3	MINUS	*** 3	= 0	x 40 =	\$		x 80 =	\$ 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+135=	\$		+270=	\$
					TOTAL ADDIT. FEE	\$	OR	TOTAL	\$ 0

*If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

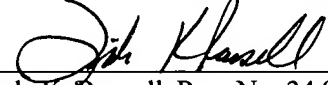
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col.

1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 01-1375 in the amount of \$ 0. A duplicate copy of this sheet is attached.
- ☐ A check in the amount of \$ _____ is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 01-1375. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

RESPECTFULLY SUBMITTED,


Linda K. Russell, Reg. No. 34,918
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Phone: (713) 624-8956 Fax: (713) 624-8950

CERTIFICATE OF MAILING UNDER 37 CFR 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 2nd day of December, 2003.



Stacy Forte